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Indicator Basics

► What is an indicator

► How to select key indicators for your own organization

► Background on PEPFAR framework

► PEPFAR indicators

► Updates and changes

► Discussion of indicators by program area

Definition

An Indicator is….

► a <u>variable</u>

► that <u>measures</u>

► <u>one</u> <u>aspect</u> of a program/project

An appropriate set of indicators includes <u>at least one indicator</u> per significant element of the program or project (input, output, outcome, impact).

What is an Indicator?

► An indicators should be selected to represent those key or significant areas, which will demonstrate whether conditions have or have not changed – track trends over time (condom distribution, service statistics).

► An indicator is specific information that provides evidence as to the achievement of (or lack of) results and activities.

Why are indicators important?

► Indicators enable you to reduce a large amount of data down to its simplest form *(percent of clients who tested after receiving pre-test counseling, prevalence rate).*

► When compared with targets or goals, indicators can signal the need for corrective management action, evaluate the effectiveness of various management actions, and provide evidence as to whether objectives are being achieved.

Concepts and Definitions

An indicator can be a:

➤ number

➤ ratio

➤ percentage

➤ average

➤ rate
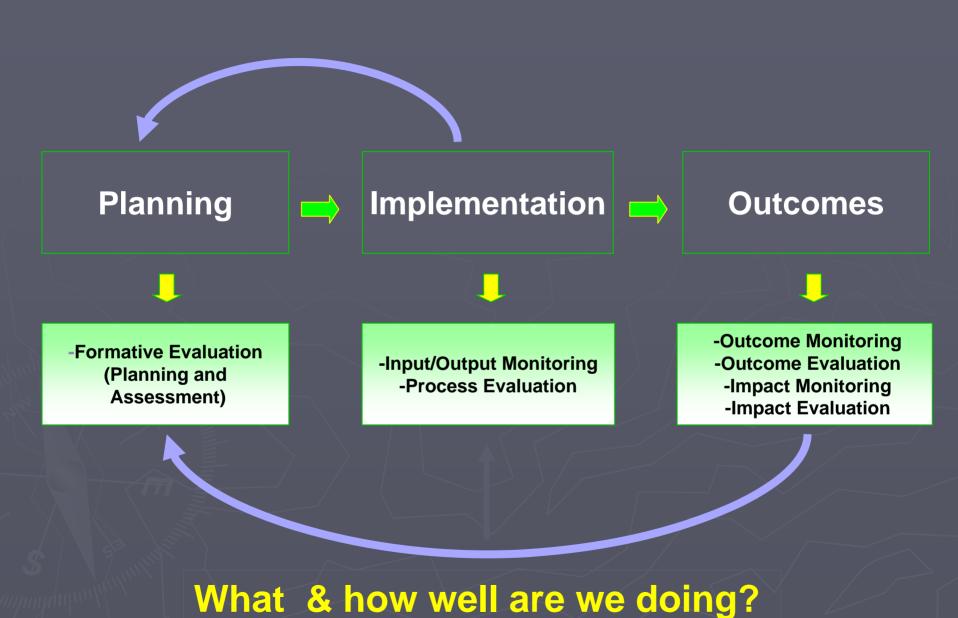
➤ index (composite of indicators)

Indicators are *Not*

► Just anything you can think of to measure. *Every measure is not an indicator (# of school desks).*

► Indicators are not objectives or targets, but the actual results.

► **Indicators are not biased.**

Indicators do not specify a particular level of achievement -- the words, improved, increased, gained, etc do not belong in an indicator

Remember...

► *No single indicator constitutes a comprehensive measure. (# of people receiving ARVs – need/cost, # of OVC served – visits, inputs)*

► To balance between too many indicators, but enough to gain key information. You do not develop an indicator for every possible issue – only the most important elements of the program.

► A high quality M&E system tracks all levels of data but DOES NOT use *input indicators* as evidence of results or to evaluate effectiveness of the program

Levels of Results

► Input

► Output

► Outcome

► Impact

Planning → **Implementation** → **Outcomes**

-Formative Evaluation (Planning and Assessment)

-Input/Output Monitoring
-Process Evaluation

-Outcome Monitoring
-Outcome Evaluation
-Impact Monitoring
-Impact Evaluation

What & how well are we doing?

4 Steps in Selecting Indicators

Step 1

Clarify the Results Statements

Identify what needs to be measured. Good indicators start with good results statements. Start with the overall objective or goal and work backwards.

4 Steps in Selecting Indicators

Step 2

Develop a List of Possible Indicators
Brainstorm indicators at each level of results. Use:

Internal brainstorming

Consultation with experts

Experience of other similar

organizations

4 Steps in Selecting Indicators

Step 3

Assess Each Possible Indicator

1) **Measurable** (can be quantified and measured by some scale).

2) **Practical** (data can be collected on a timely basis and at reasonable cost).

3) **Reliable** (can be measured repeatedly with precision by different people).

4) **Relevant--Attributable to YOUR ORGANZATION** (the extent to which a result is caused by YOUR activities).

5) **Management Useful** (project staff and audiences feel the information provided by the measure is critical to decision-making).

4 Steps in Selecting Indicators

Step 3
Assess Each Possible Indicator

6) **Direct** (the indicator closely tracks the result it is intended to measure).

7) **Sensitive** (serves as an early warning of changing conditions).

8) **Capable of being Disaggregated** (data can be broken down by gender, age, location, or other dimension where appropriate).

Proxy Indicator

► An indirect measure to obtain data that is indicative of the desired result:

- # of condoms distributed
- VCT (post –test counseling)

4 Steps in Selecting Indicators

Step 4

Select the "Best" Indicators

► Based on your analysis, narrow the list to the final indicators that will be used in the monitoring system.

► They should be the optimum set that meets management needs at a reasonable cost.

► Limit the number of indicators used to track each objective or result to a few (two or three).

► Remember your target audiences

PROGRAM ELEMENT	RESULT	INDICATOR
Impact	Reduced MTCT of HIV	
Outcome	Accessibility of HIV testing services to ANC clients increased	
Output	ANC clients receiving HIV testing services increased	
Activity	Providing HIV testing services to ANC clients	
Input	HIV test kits	

PROGRAM ELEMENT	RESULT	INDICATOR
Impact	Reduced HIV infection	HIV Prevalence Rate
Outcome	Availability of quality VCT services increased	% of population receiving quality VCT services
Output	Trained VCT service providers increased	# of VCT service providers trained
Activity	Training of personnel providing VCT services	# of comprehensive VCT training courses conducted
Input	Comprehensive VCT Training Curricula	VCT Training curricula developed (Y/N)

Identifying Data Sources

1. Input

2. Output

► Program report

► Service statistics

► Training evaluation

► Private sector data

► Government report

Identifying Data Sources

1. **Outcome**
2. **Impact**

- ► 1998/2004 DHS Study
- ► 2002/2004 Nelson Mandela/HSRC Behavior Survey
- ► 2002 NDOH In-School Youth Study
- ► 2002 RHRU Facility Based STI Survey
- ► Annual ANC Surveillance
- ► Annual STI Surveillance

Developing Indicator Protocols

► A protocol is an instruction sheet.

► Protocols capture the reason for selecting indicators, describe the indicator in precise terms, and identify the plans for data collection, analysis reporting and review.

► Protocols help ensure reliability of indicators as they provide critical information to help different people repeatedly measure the indicator with the same precision.

► Protocols provide the organization with the means to collect data over time.

► Audit trail

Parts of Indicator information sheet – Identification

Indicator Information Reference Sheet No.	
Name of the Indicator:	
Result to which the Indicator Responds:	
Level of Indicator:	

Parts of Indicator information sheet – Description

Definition:	
Unit of Measurement:	
Disaggregated by:	
Justification and Management Utility:	

Parts of Indicator information sheet – Plan for data acquisition

Data Collection Method:	
Data Source:	
Frequency and timing of Data Acquisition:	
Estimated cost of Data Acquisition:	
Individual Responsible:	
Location of Data Storage:	

Parts of Indicator information sheet – Data Quality Issues

Known Data Limitations and Significance:	
Action Taken or Planned to Address this Limitation:	
Internal Data Quality Assessment:	

Parts of Indicator Information Sheet - Plans for Data Analysis, Review and Reporting

Data Analysis:	
Presentation of Data:	
Review of Data:	
Baselines:	

Parts of Indicator Information Sheet – Performance Indicator Values

Year:	
Target:	
Actual:	
Notes:	
Date When This Indicator Sheet Last Updated:	

PEPFAR Indicators

Global Goals: 2-7-10

► Treating 2 million HIV+ people by 2008

► Preventing 7 million new infections

► Caring for 10 million HIV infected and affected individuals by 2008 (including orphans and vulnerable children)
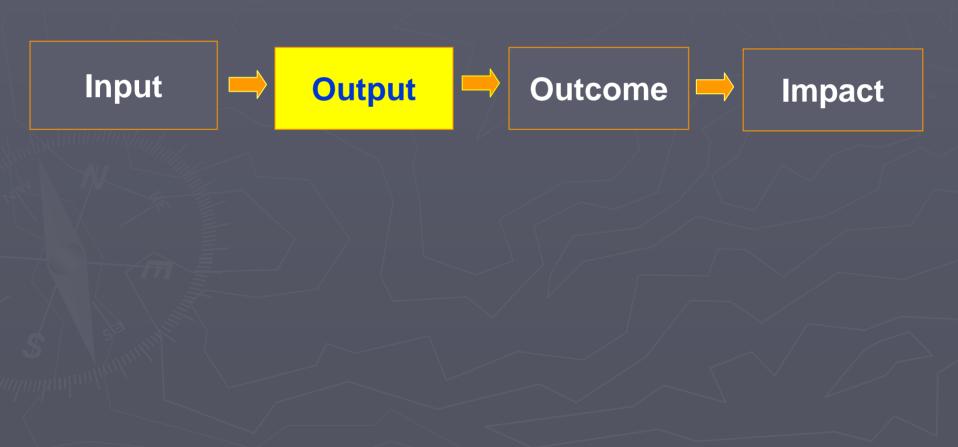
M&E Indicator Pyramid:

Multi-national Indicators
(UNAIDS, O/GAC)

Country Level Indicators
(SA NDOH, USG Mission)

Project Level Indicators
(MTCT, VCT, TB/HIV, Care and Treatment, etc.)

Program Level

| Input | → | **Output** | → | Outcome | → | Impact |

Basic Framework of PEPFAR Indicators

	Care	Treatment	PMTCT	OVC	TB Services	VCT
# of Sites						
# of People Reached						
# of People Trained						

PEPFAR Indicator Categories

Prevention

- PMTCT
- Abstinence and Being Faithful
  - Abstinence
- Medical Transmission: Blood Safety
- Medical Transmission: Safe Medical Injections
- Other Behavior Change

PEPFAR Indicator Categories

Care

► Palliative Care (Non-ARV)
  ➢ TB/HIV Services
➢ OVC

HIV Counseling and Testing

PEPFAR Indicator Categories

Treatment

► ARV Services

► ARV Drugs

► PMTCT+

Not applicable to South Africa

PEPFAR Indicator Categories

Support Activities

► Strategic Information

► Policy Development & System Strengthening

► Laboratory Infrastructure

PREVENTION

PMTCT

► Number of service outlets providing the minimum package of PMTCT services according to national or international standards

► Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results

► Number of pregnant women who received a complete course of antiretroviral prophylaxis in a PMTCT setting

PMTCT

► Number of health workers trained in the provision of PMTCT services according to national or international standards

► Revision: Number of women receiving services is now counseling and testing <u>and</u> receiving results;

► Revision: Those receiving ARV prophylaxis is not necessarily a subset of those tested

Additional Optional Indicators

► PMTCT

- Number of pregnant women attending first ante-natal care visit

- Number of pregnant women pretest counseled

- Number of pregnant women tested

- Number of pregnant women identified as HIV positive

- Number of pregnant women receiving test results/post-test counseling

- Number of HIV positive women referred to a 1)wellness program and 2) treatment program

Additional Optional Indicators

- Number of women who received infant formula
- Number of infants who received ARV prophylaxis
- Number of infants who are tested after 12 months
- Number of infants who are HIV positive after 12 months
- Number of hours of technical assistance provided to: 1) local NGOs; 2)NDOH; and 3) Provincial or Local DOH

Abstinence and Be Faithful

► Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful *(disaggregated by sex)*

► Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence *(disaggregated by sex) Note: This is a subset of above*

► Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful

Dropped: 1) Number of people trained in abstinence only; 2) number of programs; and 3) mass media indicators

Other Prevention

► Number of targeted condom service outlets

► Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful (disaggregated by sex)

► Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful

Dropped: 1) Number of programs; 2) mass media indicators

Medical Transmission: Blood Safety

► Number of service outlets carrying out blood safety activities

► Number of individuals trained in blood safety

Dropped: Number of programs

Medical Transmission: Injection Safety

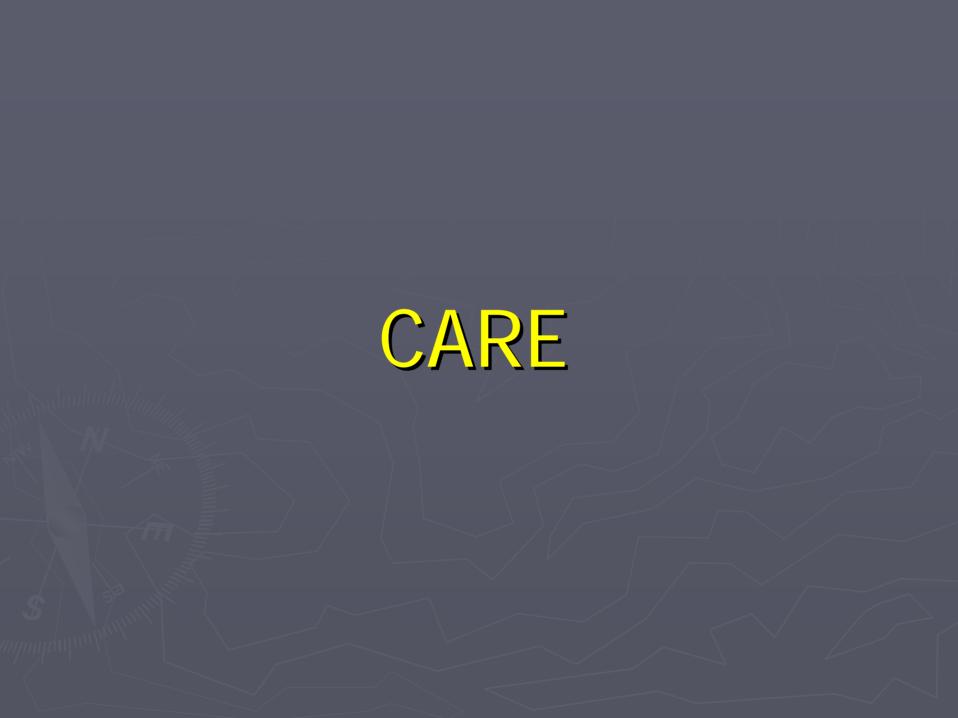► Number of individuals trained in injection safety activities

Same as FY05

Additional Optional Indicators

► Abstinence and Being Faithful

- Number of hours of technical assistance provided to: 1) local NGOs; 2)NDOH; and 3) Provincial or Local DOH

► Other Prevention

- Number of hours of technical assistance provided to: 1) local NGOs; 2)NDOH; and 3) Provincial or Local DOH

- Number of condoms distributed through a PEPFAR site/partner

Additional Optional Indicators

► Medical Transmission – Blood Safety
- Number of hours of technical assistance provided to: 1) local NGOs; 2)NDOH; and 3) Provincial or Local DOH

► Medical Transmission – Injection Safety
- Number of hours of technical assistance provided to: 1) local NGOs; 2)NDOH; and 3) Provincial or Local DOH

CARE

Palliative Care – Non ARV

► Number of service outlets providing general HIV-related palliative care (including TB/HIV)

- Number of service outlets providing clinical prophylaxis and/or treatment for tuberculosis (TB) to HIV-infected individuals (presumed or diagnosed) in a palliative care setting

► Number of individuals provided with general HIV-related palliative care, including TB/HIV (by sex)

- Number of HIV infected clients attending HIV care/treatment services that are receiving treatment for TB disease (by sex)

- Number of HIV infected clients given TB preventive therapy (by sex)

Palliative Care – Non ARV

► Number of people trained to provide HIV-related palliative care for HIV-infected individuals (diagnosed or presumed), that includes those trained in facility-based, community-based or home-based care, including TB/HIV

  ▪ Number of individuals trained to provide TB treatment or clinical prophylaxis to HIV-infected clients (presumed or diagnosed)

Dropped or changed:

► Change: TB is a subset of Palliative Care, not mutually exclusive

► Change: Distinction between TB prophylaxis and TB treatment

► Dropped: Number of sites providing malaria care

**Presumed or Diagnosed

Palliative Care – Non ARV

- ► Additional Indicators
  - ■ Number of HIV-infected individuals reached:
    - ► Disaggregated by: 1) home or 2) facility-based care
    - ► Disaggregated by: 1) clinical care; 2) psychological care; 3) spiritual care; and/or 4)supportive care services
  - ■ Number of home-based care visits
  - ■ Number of clients referred to a:
    - ► 1)Wellness program; and/or 2) Treatment Program
  - ■ Number of hours of technical assistance provided to:
    - ► 1) local NGOs; 2)NDOH; and 3) Provincial or Local DOH

Palliative Care - TB

► Additional Indicators

- Number of TB cases

- Number of Pulmonary TB

- Number of new smear Positives

- Number of successfully treated TB

- Number of TB patients tested for HIV

- Number of referrals made to a: 1) treatment program; 2) wellness program

- Number of hours of TA provided to: 1) local NGOs; 2) NDOH; 3) Provincial or Local DOH

Orphan & Vulnerable Children

► Number of orphans and vulnerable children (OVC) served by an OVC program

► Number of providers/caretakers trained in caring for orphans and vulnerable children

Dropped: Number of OVC programs

Number of (OVC) served by an OVC program

To count an OVC reached as Direct your organization must at minimum provide 3 of the following services:

- ► increasing access to education (including school fees, uniforms or tutoring);
- ► assisting OVC to access economic support (accessing social grants, income generation projects, etc.);
- ► providing food and/or nutrition support;
- ► providing legal aid, including accessing birth certificates;
- ► assisting OVC to access health care;
- ► providing or linking an OVC to psychological and/or emotional care;
- ► protection from abuse
- ► Building community support mechanisms

COUNSELING & TESTING

Counseling and Testing

► Number of service outlets providing counseling and testing

► Number of individuals who received HIV counseling and testing and received their test results (disaggregated by sex)

► Number of individuals trained in counseling and testing

Revision: Number of individuals receiving counseling and testing and receiving results

Additional Optional Indicators

► Counseling and Testing

  - Number of clients pretest counseled

  - Number of clients tested

  - Number of clients receiving test results/post-test counseling

  - Number of clients identified as HIV positive

Additional Optional Indicators

► Counseling and Testing

- Number of hours of technical assistance provided to: 1) local NGOs; 2)NDOH; and 3) Provincial or Local DOH

- Number of TB patients tested for HIV **(Required)**

- Number of clients referred to a 1)wellness program; 2) STI; 3) Family Planning; 4)Psychological Support/Support Groups and 5) Treatment Program

*All disaggregated by gender

TREATMENT

ARV Services

Will review Excel Spreadsheet Separately

► Additional Indicators:

- Number of individuals reached with adherence counseling
- Number of individuals reached with pre-treatment training (including treatment literacy messages)
- Number of individuals transferred to a public site (non-PEPFAR facility.
- Number of hours of technical assistance provided to: 1) local NGOs; 2)NDOH; and 3) Provincial or Local DOH

SUPPORT ACTIVITIES

Strategic Information

► Number of people trained in strategic information (includes M&E, surveillance and/or HMIS)

► Change: Number of local organizations provided with technical assistance for strategic information activities.

► Additional Indicator:

- ▪ Number of hours of technical assistance provided to: 1) local NGOs; 2)NDOH; and 3) Provincial or Local DOH

Lab Services

► Number of laboratories with capacity to perform: 1) HIV tests; and 2) CD4 tests and/or lymphocyte tests.

► Number of tests performed at USG-supported labs during the reporting period: 1) HIV tests; TB diagnostics; 3) syphilis testing; and 4) HIV disease monitoring

► Number of individuals trained in the provision of laboratory-related activities

Lab Services

► Additional Indicator:

  ▪ Number of hours of technical assistance provided to: 1) local NGOs; 2)NDOH; and 3) Provincial or Local DOH

► Changes:

  ▪ Number of laboratories with capacity to perform: 1) HIV tests; and 2) CD4 tests and/or lymphocyte tests.

  ▪ Number of tests performed at USG-supported labs during the reporting period: 1) HIV tests; TB diagnostics; 3) syphilis testing; and 4) HIV disease monitoring

Policy Development and System Strengthening

► Number of local orgs provided with TA for HIV-related policy development

► Number of local orgs provided with TA for HIV-related institutional capacity building

► Number of individuals trained in HIV-related policy development

► Number of individuals trained in HIV-related institutional capacity building

► Number of individuals trained in HIV-related stigma and discrimination reduction

► Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment

Direct/Indirect

► **USG Direct Support**

Included in these accomplishments are individuals receiving care and treatment through service delivery sites/providers that are directly supported by USG programs (commodities and/or drugs and/or supplies and/or supervision and/or training and/or quality assurance, etc.) at the point of service delivery. An intervention or activity is considered to be a type of "direct support" if it can be associated with counts of uniquely identified individuals receiving care and/or support at a service delivery point benefiting from the intervention/activity.

Direct/Indirect

► **USG Indirect Support**

Estimate of individuals receiving care or treatment as the result of the USG's *contribution* to national, regional, or local activities such as policy development; logistics; protocol or guideline development; advocacy; laboratory support; capacity building; etc. Procedures for estimating these targets must be clearly documented.

Points to consider when determining direct or indirect:

► Indirect counts only apply to service delivery or in other words, number of people reached. Training, Sites, Behavior Change Messages all can ONLY be counted directly. You will have an indirect estimate for only 8 of the PEPFAR indicators.

► **Frequency**. Counting people directly depends on how often your organization visits a site to provide services, TA, or training. If staff from your organization are on-site every other week or more, it can be considered direct. This can be considered hands on mentoring rather than training. Visiting an organization less than this should be considered indirect support.

►Ask whether the service would exist if your organization was not involved. Are you providing resources, staff or mentoring that enables this service to take place? If yes, count it as direct. EX: A doctor is now available to provide ARVs at a site 3 days, rather than 1 day in the past because of your TA or resources. This is direct.

► Do you have access to patient records? If you were audited could you show a patient file to back up all the numbers you are claiming.

- Your organization must be able to demonstrate the target population has benefited from the intervention.
- What is the value added?

Examples of Result Frameworks Incorporating PEPFAR Indicators

For further information refer to the South African Strategic Information Manual (SASI) for latest indicator and protocols.